COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 242 State Street, Augusta, Maine



Website: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775

2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

	To the state of th	
☐ Please check if this is an update to a pre	eviously filed statement for the calendar year	2007.
	LEGISLATOR INFORMATION	
Name RENNETH C FLE	-THEP	Member of: ☐ House ☐ Senate
Mailing address 382 GARLAND		District 54
City, zip code W/NS/ow, ME	Phone 207-872-6760	
ka indiana pakakanak delak ki ji delak ali delah bira hadik dajili katak inselik d	E DERIVED FROM EMPLOYMENT BY AND	
List the name and address of each employ principal type of economic activity of each en	ver from whom you received compensation nployer.	of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic
STATE OF MAINE	Augusta, ME	LegislATOR
· · · · · · · · · · · · · · · · · · ·		
이 도 없는 사람들이 되었다는 그는 사람들이 가득하는 사람들이 가는 그 가는	OME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)	
 A. List the name and address of your bus derived income. If associated with a partne areas of economic activity of that entity. 	iness, if any, and list the major areas of earship, firm, professional association, or similar	conomic activity from which you lar business entity, list the major
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Áreas of Economic Activity (partnership, association or símilar business entity)
Name: Address:		
Name:	To the final device of water open a final to the first the first terms of the first terms	· · · · · · · · · · · · · · · · · · ·
Address:		

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY (For Legislators who are self-employed.)	YMENT
B. List each source of income derived from self-employment that represents more than 10% of your is greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the p the entity or person from whom the income was derived.	derived such income. If this form o principal type of economic activity o
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: WA Address:	
Name:	
Address:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of your Major Areas of Practice.	andragae in the contraction of t
Name and Address of Firm (self)	(mp) (m)
Name:	attended to the second of the
Address:	
Name: Address:	· man
PART 4. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include	e gifts. If none, check the box.
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Kimberly Clark Corp Address: 100 HAIFD By Rd, Lincolnshipe II 60069	Retigement Pension
Name: AMERICAN TOWER CORP	LAND Lease
Address: 10 Presentitional Way, Wob-uen, MA 01801	
PART 5. REPORTABLE LIABILITIES	Market and the second s
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box	
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	
PART 6. REPORTABLE GIFTS	A COOL
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more none, check the box.	tnan \$300 from a single source. If
None	g a no no an interpretation of the contract of
Name of Source of Gift Name of S	Source of Gift
2. 4.	A CONTRACTOR OF THE PROPERTY O

PART 7. REPORT		1000000		<u> </u>
List he source of any honoraria accepted for appearances or speed	ches related	to you	ır of	ficial duties. If none, check the box.
Name of Source of Honoraria		18000000	î.	lame of Source of Honoraria
1.	3,		and the second second	ante-or source or nonojana
	J.	o	MARIA COLUMNIA DA CARA CARA CARA CARA CARA CARA CARA	
2.	4.			
PART 8. REPRESENTATION	N BEFORE	STA	TE .	AGENCIES
List each executive branch agency before which you represented the box.	or assisted	others	for	compensation of any amount. If none, check
✓ None	The second secon		v 2000 Xvv r Oleman	
		1 45 .C	\$ 5 mg	Name of Agency
1.	3.			
2.	4.			
	4.	····		
PART 9. BUSINESS W	and the second second second second		90 W C	
List each executive branch agency to which you or a member of yo \$1,000 during the reporting period. If none, check the box.	ur immediate	e fami	ly so	old goods or services with a value in excess of
None			- Wasan	1
Name of Agency			3 . 2 .	Name of Agency
1.	3.			
2.	4			
			· .	
PART 10. INCOME RECEIVED BY	And the second successive and a second successive and	naminal principle	200 -21	# YOUNG 보이면 보면 # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
List the type of economic activity representing each source of inco (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	d. Do not in	00 or r clude	nore gifts	e received by your spouse or dependent child Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Recei	2" 3.5 3.6	Circle opropri letter	ate	Kind of Income
1. Registered Nurse		1	D	ger diem employment
2.	S	3	D	or greginen.
3.	S	3	D	
4.	S	3	D	for a file of the second secon
SIGNA	ATURE .			
A Legislator who willfully fails to file a required statement is su	ubject to a f	ine o	\$1	0 per business day until the report is filed
(1 M.R.S.A. § 1017-A)	,		• •	and toport to mou.

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

Signature

/*08* Date

NAME:			TO SERVICE STATE OF THE SERVIC	DATE:	-	A
ADDRESS:						
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